
Task Force on Community Justice and Mental Illness Early Intervention

June 14, 2016 Meeting Summary

On June 14, 2016, the Task Force on Community Justice and Mental Illness Early Intervention met in Sioux Falls for its fourth meeting. The group participated in a question and answer session with psychiatrists who perform forensic examinations; discussed policy options related to competency exam delays; learned about telemedicine initiatives at Avera eCARE in Sioux Falls; heard from members of the public; reviewed key findings from the task force's first three meetings; and explored guiding principles for the next phase of the process.

Psychiatrist Panel

First, the task force heard from two psychiatrists performing forensic exams, Dr. Melissa Spanggaard and Dr. Clay Pavlis. Both shared their experiences performing forensic exams (competency, guilty but mentally ill, and insanity evaluations) and answered questions posed by task force members. The doctors described the process of performing evaluations, ordering and reviewing medical records, interviewing the defendant (in jail, at the Human Services Center, or in an outpatient clinic), and writing the reports.

The task force discussed ideas for streamlining the exam process, including:

- Changing the statutory requirements for doctor's written reports, which are currently more cumbersome than other states
- Finding more local providers to perform evaluations, rather than

sending individuals to the Human Services Center for evaluations

- Separating orders for competency and other examinations, with competency performed first and other examinations performed when/if the defendant is found competent
- Allowing other professionals to perform the evaluations

Overview of a Telemedicine Program in SD

Heidi A. Schultz, Program Officer from the Leona M. and Harry B. Helmsley Charitable Trust, discussed her organization's partnership with Avera's eCARE telemedicine program based in Sioux Falls. Ms. Schultz described the services offered by Avera eCARE through interactive video and technology to healthcare centers and correctional facilities, including:

- eICU—provides around the clock monitoring of patients by intensivists and critical care nurses
- eEmergency—provides hospitals with access to board-certified emergency physicians and nurses
- ePharmacy—provides 24-hour access to hospital-trained pharmacist to review and approve medication orders
- eConsult—allows patients to remotely access specialists
- eLongTermCare—provides long-term care staff with access to urgent care and specialty services
- eCorrectional Health—allows four correctional facilities in South Dakota access to physician-directed urgent care

services for inmates to reduced unnecessary transfers

Public Input

The task force heard from members of the public who expressed concerns about specialized populations dealing with mental health issues.

Problems Identified through System Review

Next, the task force reviewed problems and findings identified during prior meetings relating to South Dakota's criminal justice system as experienced by people with mental illness. Some important problems were highlighted, including:

- A SD study funded by the Helmsley Charitable Trust found that 35.5% of respondents perceived a need for mental health care but did not receive all the care needed
- SD data reported to the US Department of Health and Human Services indicates the state's psychiatrist staffing challenges are significant compared to US and border states
- Studies in other jurisdictions estimate that 7 to 10% of law enforcement encounters involve people with mental illness (in SD, there is no statewide law enforcement data on encounters with people with mental illness)
- Law enforcement has the discretion to divert from the criminal justice system through:
 - Informal resolution to issues
 - The emergency commitment process
 - Referral to a mobile crisis team or crisis intervention team

- Court data on those with mental illness is a challenge as there is generally no process in place to identify mental illness
- Criminal cases with a civil commitment history:
 - Take longer to move through court than those without this history
 - Are more likely to be held in jail pretrial, and stay longer in pretrial detention
 - Are more likely to have a future criminal case
- 60% of jails report no access to a contracted or staff psychiatrist
- Most jails have either no access or 'as needed' access to other Qualified Mental Health Professionals
- There is limited mental health training provided for jail staff
- In Minnehaha and Pennington Counties:
 - Defendants detained in jail who access mental health services stayed longer than those who don't access these services, are more likely to have disciplinary issues and more of them, and are less likely to be released pretrial
- In SD, competency evaluations ordered and required tripled from FY 2013 to 2015

Guiding Principles for Policy Development

Finally, the task force discussed guiding principles for the next phase of the task force process, the phase in which policy options are developed. Eight guiding principles were identified and discussed:

- Identify mental illness and intervene early in the criminal justice process

- Conduct comprehensive assessments of behavioral health and criminogenic needs
- Match treatment to individual needs
- Enhance readiness and motivation for change
- Address mental health issues so individuals can benefit from criminal justice program interventions
- Provide other services in addition to medication, as medication alone is not sufficient
- Maintain a continuum of services
- Ensure services are coordinated

Next Steps

The next task force meeting is scheduled for July 11, 2016 in Rapid City. The members will review promising and best practices available at each criminal justice decision point and divide into policy development subgroups.